## NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK		DATE RECEIVED		NOTIFICATION #		
16-243-M	9/28/2016						
I. TYPE OF NOTIFICATION (O-ORIGINAL R-REVISED C-CANCELED): Original							
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR):							
OWNER NAME: Lockheed Martin							
ADDRESS: 1801 State Route 17							
CITY: Owego		STATE:	New York		<b>ZIP:</b> 13827		
CONTACT: Lee Anderson			,	<b>TEL:</b> 607.751	.6019		
REMOVAL CONTRACTOR: Sunstrea	m Corporation						
ADDRESS: 6 Spring Forest Avenue							
		STATE:	TATE: New York		<b>ZIP:</b> 13905		
CONTACT: Manuel Soriano					TEL: 607-72	1-4400	
OTHER OPERATOR:							
ADDRESS:							
CITY:	STATE:	STATE:		ZIP:			
CONTACT:					TEL:		
III. TYPE OF OPERATION (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMER. RENOVATION):							
IV. IS ASBESTOS PRESENT (YES/NO): Yes							
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER):							
BLDG. NAME: Lockheed Martin							
ADDRESS: 1801 State Route 17							
CITY: Owego		STATE:	New York		COUNTY:	Tioga	
SITE LOCATION: Building B102 A Column F-1							
BUILDING SIZE: 5000 NUM OF FLOORS: 3							
PRESENT USE: Other PRIOR USE: Other							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD. IF APPROPRIATE, USED TO DETECT THE PRESENCE							
OF ASBESTOS MATERIAL:							
TEM & PLM analysis of all suspect mate	rials.				Ι		
VII. APPROXIMATE AMOUNT OF ASB	ESTOS,						
INCLUDING:			NON-FRIABLE				
			ASBES	STOS			
1. REGULATED ACM TO BE REM	IOVED	RACM	MATERIAL NOT		INDICATE UNIT OF		
2. CATEGORY I ACM NOT REMO	VED	то ве	TO BE RE	TO BE REMOVED MEASUREMENT BE			
3. CATEGORY II ACM NOT REMO	OVED	REMOVE	CATI	CAT I UNIT		NIT T	
PIPES					LNFT:	LN M:	
SURFACE AREA		Х			<b>SQFT</b> : 230	SQ M:	
VOL RACM OFF FACILITY COMP	ONENT				CUFT:	CU M:	
VIII. SCHEDULED DATES FOR ASBESTOS REMOVAL (MM/DD/YY) START: 10/11/16 COMPLETE: 10/18/16							
IX: SCHEDULED DATES FOR DEMO/RENOVATION (MM/DD/YY) START: N/A COMPLETE: N/A							

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X. DESCRIPTION OF PLANNED DEMOLITION	OR RENOVATION WORK, AND M	ETHOD(S) TO BE USED:	
This work to be under separate contract.		KOROK, III.	
XI. DESCRIPTION OF WORK PRACTICES AND	ENGINEERING CONTROLS TO B	E USED TO PREVENT EMISSIONS	
OF ASBESTOS AT THE DEMOLITION AND REM	NOVATION SITE:	2016 SEP 30 PM 1: 52	
In Accordance with NYS ICR 56 applicable variance			
XII. WASTE TRANSPORTER #1:		AIR COMPLIANCE BR	
NAME: Sunstream Corporation		-11. L.	
ADDRESS: 6 Spring Forest Avenue			
CITY: Binghamton	STATE: NY	<b>ZIP:</b> 13905	
CONTACT:		TEL: 607-724-4400	
WASTE TRANSPORTER #2:			
NAME: Unknown at present			
ADDRESS:			
CITY:	STATE:	ZIP:	
XIII. WASTE DISPOSAL SITE:			
NAME: Alliance Sanitary Landfill			
LOCATION: 398 S. Keyser Avenue			
CITY: Taylor	STATE: PA	<b>ZIP</b> : 18517	
<b>TELEPHONE</b> : (570) 562-1600			
XIV. IF DEMOLITION ORDERED BY A GOVER	NMENT AGENCY, PLEASE IDENTI	FY TO AGENCY BELOW: N/A	
NAME:	TITLE:		
AUTHORITY:			
DATE OF ORDER:	DATE ORDERED TO BEGIN	(MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS: N/A	A		
DATE AND HOUR OF EMERGENCY (MM/DD/Y	Y):		
DESCRIPTION OF THE SUDDEN, UNEXPECTE	ED EVENT:		
EXPLANATION OF HOW THE EVENT CAUSED	UNSAFE CONDITIONS OR WOUL	D CAUSE EQUIPMENT DAMAGE	
OR AN UNREASONABLE FINANCIAL BURDEN			
XVI. DESCRIPTION OF PROCEDURES TO BE	FOLLOWED IN THE EVENT THAT	<b>UNEXPECTED ASBESTOS IS</b>	
FOUND OR PREVIOUSLY NONFRIABLE ASBE	ESTOS MATERIAL BECOMES CRU	MBLED, PULVERIZED, OR REDUCED	
TO POWDER.			
Wetting of material, immediate containment and	cleanup of material.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAIN	ED IN THE PROVISIONS OF THIS I	REGUALTION (40 CFR PART 61,	
SUBPART M) WILL BE ON-SITE DURING THE TRAINING HAS BEEN ACCOMPLISHED BY I	DEMOLITION OR RENOVATION A	FOR INSPECTION DURING NORMAL	
BUSINESS HOURS (REQUIRED 1 YEAR AFTE	R PROMULGATION).		
The authority of tong	9/28/16		
(SIGNATURE OF OWNER/OPER	(DATE)		
XVIII. I CERTIFY THAT THE ABOVE INFORMA	c/ A.	,	
AND THE ABOVE INFORMA		9/28/16	
(OLONATURE OF OWNER/ORES	(DATE)		
(SIGNATURE OF OWNER/OPER	(DATE)		